10700068933

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE
SECRETARY OF STATE

M. Thomas FEB 1 5 2008

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BL 4E STAR 8279 LLC (Name of Limited Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person) (Firm/Company)
(Firm/Company) 801 S. FED HWY #201 (Address) Pampano BEACH FL 33062 (City/State and Zip Code)
5°C · · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, please call:
ERNEST M. SMITH at (954) 449-5009 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 CSTREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILEU

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability com	npany is				
BLUESTAR 82	27				
2. The Articles of Organization were fil		2007	and assigned docu	ment numbe	er
3. The date the dissolution was approve	ed: 12/12/2	2007		T (0)	22
4. A description of occurrence that resu 608.441, Florida Statutes, (copy 608.		^	lution pursuant to	SEALE P	FEB 11
the have no near		LLC.		PHOP I	7
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5. CHECK ONE:					
Adequate provision has been 6. All remaining property and assets havinghts and interests. 7. CHECK ONE: There are no suits pending and one of the control	we been distributed amon	g its members in a	ccordance with the	eir respectiv	
entered against it in any pend	ding suit.	. or any juagmon,	or doctor w	on may be	,
ignatures of the members having the same	e percentage of membersl	nip interests necess	ary to approve the	dissolution	:
Signature		P	rinted Name		
EMANGE	_	ERNE	5T M. S	MITI	<u>-</u> /
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